



TEXAS DEPARTMENT OF HEALTH  
MEAT SAFETY ASSURANCE DIVISION

BUDGET: 7B751  
FUND: 101  
CFN:

Application for Operators License  
under the  
Texas Renderers Licensing Act  
(Health and Safety Code, Chapter 144)

Return both the completed application and fee made payable to  
TEXAS DEPARTMENT OF HEALTH

**\*A separate application must be submitted for each rendering business\***

Mail application and fee to: Texas Department of Health  
P.O. Box 149200  
Austin, Texas 78714-9200

You may visit our website at: [www.tdh.state.tx.us/bfds/msa/](http://www.tdh.state.tx.us/bfds/msa/)

License forms may be obtained by mail from the Meat Safety Assurance Division, Texas Department of Health, 1100 West 49<sup>th</sup> Street, Austin, Texas 78756-3182, or from the Bureau of Food and Drug Safety website at:  
[www.tdh.state.tx.us/bfds/lic/apps.html](http://www.tdh.state.tx.us/bfds/lic/apps.html)

| TYPE OF APPLICATION                                    |             | TYPE OF OPERATION LICENSE REQUESTED                      |                         |
|--|-------------|--|-------------------------|
| 9  | New         | 9  | Rendering Establishment |
| 9  | Renewal     | 9  | Related Station         |
| 9  | Other _____ | 9  | Transfer Station        |
|  |             | 9  | Hauler License          |
| This is a:   |             | Type   |                         |
| Sole Proprietorship 9                                  |             | A G Renderable Raw Material                              |                         |
| Partnership 9 List partners on page 2                  |             | B G Dead Animals   |                         |
| Corporation 9 List officers on page 2                  |             | C G Combination Renderable Raw Material and Dead Animals |                         |
| Complete the following:                                |             |  |                         |
| If renewal give your current TRLA #: _____             |             |  |                         |
| Name under which business is conducted (D.B.A.): _____ |             |  |                         |
| Mailing Address: _____                                 |             |  |                         |
| Physical address to be licensed: _____                 |             |  |                         |
| City, County, State, Zip Code: _____                   |             |  |                         |
| Telephone number at address listed above: _____        |             |  |                         |

BE CERTAIN TO COMPLETE ALL PAGES OF THIS FORM

MSA-13

## 9 PARTNERSHIP

|      |                  |              |
|------|------------------|--------------|
| Name | Physical Address | Phone Number |
| Name | Physical Address | Phone Number |
| Name | Physical Address | Phone Number |
| Name | Physical Address | Phone Number |

## 9 CORPORATION - Provide the Following Information:

|                          |                                 |              |
|--------------------------|---------------------------------|--------------|
| Name of Corporation      | Date and Place of Incorporation |              |
| President's Name         | Physical Address                | Phone Number |
| Officer's Name           | Physical Address                | Phone Number |
| Officer's Name           | Physical Address                | Phone Number |
| Name of Registered Agent | Physical Address                | Phone Number |

- C A separate license is required for each rendering business. All licenses **must** be displayed at the address licensed.
- C Haulers must maintain a copy of the license in each of their vehicles.
- C The owner of a rendering business must maintain a current list of drivers' names and respective Texas drivers license numbers of the employees who operate renderable raw material and dead animal transport vehicles.
- C A license is **not** transferable
- C The license will be valid from the date of issue until December 31<sup>st</sup> of the year of issue.
- C The license application and fee are due each year PRIOR TO January 1<sup>st</sup>. **Please note that it is the responsibility of the license holder to remit the renewal fee before the expiration date, whether a payment notice is received or not. Failure to submit the renewal fee before the expiration date will result in loss of your operators license and re-licensure after that date will be treated as a new licensure including meeting the criteria for a new rendering business.**
- C For assistance in completing this application, call (512) 719-0205 .
- C Please address any correspondence to: Texas Department of Health, 1100 West 49<sup>th</sup> Street, Austin, Texas 78756.

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## FEE SCHEDULE FOR RENDERING ESTABLISHMENT LICENSE

The fee is based on **gross annual sales** for **ALL** products produced by the licensed Rendering Establishment.

\* ANY QUESTION BY THE DEPARTMENT CONCERNING THE AMOUNT OF A FEE SUBMITTED BY A RENDERING ESTABLISHMENT TO OBTAIN A LICENSE SHALL BE RESOLVED AS FOLLOWS:  
The Rendering Establishment shall send, upon request, an audited statement, income tax return showing gross annual sales, or a letter from a CPA or independent auditor, (not associated with your company), which demonstrates gross annual sales.

| GROSS ANNUAL SALES |                                 | FEE         |
|--------------------|---------------------------------|-------------|
| 9                  | \$ 0.00 - \$ 100,000.00         | \$ 350.00   |
| 9                  | \$100,000.01 - \$ 200,000.00    | \$ 500.00   |
| 9                  | \$ 200,000.01 - \$ 500,000.00   | \$ 750.00   |
| 9                  | \$ 500,000.01 - \$ 1,000,000.00 | \$ 1,000.00 |
| 9                  | \$ 1,000, 000.01 - or more      | \$ 1,500.00 |

| RELATED STATION AND/OR TRANSFER STATION LICENSE |                          | FEE       |
|---|--------------------------|-----------|
| 9   | Related Station License  | \$ 400.00 |
| 9   | Transfer Station License | \$ 400.00 |

| HAULER LICENSE |   | FEE       |
|----------------|---|-----------|
| 9              | Dead Animal Hauler License                                | \$ 250.00 |
| 9              | Renderable Raw Material Hauler License                    | \$ 250.00 |
| 9              | Combination Dead Animal / Renderable Raw Material License | \$ 250.00 |

| VEHICLE PERMIT DECAL |                          | FEE                                |
|----------------------|--------------------------|------------------------------------|
| 9                    | Vehicle Permit Decal Fee | \$ 25.00<br>FOR EACH VEHICLE DECAL |

**Total Number of Vehicle Decals Ordered**  
Identify Each Vehicle on Page 5

X

\$25.00

=

Total Dollar Amount for  
Vehicle Decals

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**RESPONSIBLE INDIVIDUAL IN CHARGE AT PHYSICAL ADDRESS**

Name &amp; Title

Residence Address

Phone Number

**CORRESPONDENCE INFORMATION:**

Attention: (Name &amp; Title)\_\_\_\_\_

Mailing Address:\_\_\_\_\_

City, State, Zip Code:\_\_\_\_\_

Name of Application Preparer (Contact Person):\_\_\_\_\_

Telephone Number of Application Preparer (Contact Person):\_\_\_\_\_

E-mail Address of Application Preparer (if any):\_\_\_\_\_

**TOTAL REMITTANCE FOR THIS APPLICATION**

Operator License Fee \$\_\_\_\_\_

Vehicle Permit Decals # ( ) X \$25.00 \$\_\_\_\_\_

Total for **THIS** Application \$\_\_\_\_\_

VERIFICATION: I SWEAR OR AFFIRM THAT ALL INFORMATION IN THIS APPLICATION IS TRUE AND CORRECT. I FURTHER CERTIFY BY SIGNATURE HERON, THAT I AM AUTHORIZED TO EXECUTE THIS DOCUMENT ON BEHALF OF THE CORPORATION; I AM NOT CURRENTLY DELINQUENT IN THE PAYMENT OF ANY CHILD SUPPORT OWED UNDER CHAPTER 232, FAMILY CODE. I FURTHER CERTIFY THAT I HAVE READ & UNDERSTAND CHAPTER 144 OF THE HEALTH & SAFETY CODE, THE APPLICABLE PROVISIONS OF 25 TAC, CHAPTER 221, AND AGREE TO ABIDE BY THEM.

THIS IS AN EQUAL OPPORTUNITY PROGRAM. IF YOU BELIEVE YOU HAVE BEEN DISCRIMINATED AGAINST BECAUSE OF RACE, COLOR, RELIGION, NATIONAL ORIGIN, AGE OR HANDICAP, WRITE IMMEDIATELY TO THE TEXAS DEPARTMENT OF HEALTH, OFFICE OF CIVIL RIGHTS, 1100 W. 49TH STREET, AUSTIN, TX 78756.

\_\_\_\_\_  
Signature

9 OWNER

9 PARTNER Date

9 PRESIDENT

9 CORPORATE DESIGNEE / AGENT

\_\_\_\_\_  
Printed Name\_\_\_\_\_  
Title**BE CERTAIN TO COMPLETE ALL PAGES OF THIS FORM**

|   |   |
|---|---|
| YEAR _____ MAKE _____ MODEL _____ LIC. PLATE # _____<br>VIN # _____ Gross weight limitation _____ | <b>MSA Office<br/>use Only</b><br><br>Permit Number _____ |
| YEAR _____ MAKE _____ MODEL _____ LIC. PLATE # _____<br>VIN # _____ Gross weight limitation _____ | Permit Number _____                                       |
| YEAR _____ MAKE _____ MODEL _____ LIC. PLATE # _____<br>VIN # _____ Gross weight limitation _____ | Permit Number _____                                       |
| YEAR _____ MAKE _____ MODEL _____ LIC. PLATE # _____<br>VIN # _____ Gross weight limitation _____ | Permit Number _____                                       |
| YEAR _____ MAKE _____ MODEL _____ LIC. PLATE # _____<br>VIN # _____ Gross weight limitation _____ | Permit Number _____                                       |
| YEAR _____ MAKE _____ MODEL _____ LIC. PLATE # _____<br>VIN # _____ Gross weight limitation _____ | Permit Number _____                                       |
| YEAR _____ MAKE _____ MODEL _____ LIC. PLATE # _____<br>VIN # _____ Gross weight limitation _____ | Permit Number _____                                       |
| YEAR _____ MAKE _____ MODEL _____ LIC. PLATE # _____<br>VIN # _____ Gross weight limitation _____ | Permit Number _____                                       |
| YEAR _____ MAKE _____ MODEL _____ LIC. PLATE # _____<br>VIN # _____ Gross weight limitation _____ | Permit Number _____                                       |
| YEAR _____ MAKE _____ MODEL _____ LIC. PLATE # _____<br>VIN # _____ Gross weight limitation _____ | Permit Number _____                                       |
| YEAR _____ MAKE _____ MODEL _____ LIC. PLATE # _____<br>VIN # _____ Gross weight limitation _____ | Permit Number _____                                       |

VERIFICATION OF INSURANCE - PROVIDE A PHOTOCOPY OF LIABILITY INSURANCE CARD FOR EACH VEHICLE

Note: A decal will not be issued without verification of insurance

**BE CERTAIN TO COMPLETE ALL PAGES OF THIS FORM**